

Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	
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Statement of Committee Organization

1	Statement Information			
	Date: 8/18/16			
	Type: New Amended (if amending, enter MEC ID <u>CLG 1323</u> & section changed)			
2.	STL Votes!			
	Name of Committee 3148 Halliday, St. Louis, MO 63118		(314) 329-1785 Telephone Number	
	to the time of the Control of the	St. Louis City Board of	Telephone Number f Election Commissioners	
	Official Committee Email Address	County Clerk or Board of Election Commissi		
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exp	loratory Political Party	
3.	Treasurer/Deputy Treasurer Information			
	Martin Casas			
	Treasurer's Name (First & Last) 3148 Halliday, St. Louis, MO 63118	Treasurer's Email Address (optional)	, 314 , 329-1785	
	Treasurer's Mailing Address, City, State, & Zip	() Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	Larry Stendebach			
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	9 North Euclid Avenue, Unit 603, St. Louis, MO 63108 Deputy Treasurer's Mailing Address. City, State, & Zip	() Dep. Treasurer's Home Telephone Number	(573) 864-3233 Dep. Treasurer's Work Telephone Number	
		Dep. Treasurer's nome relephone number	Dep. Treasurer's work Telephone Number	
4.	Additional Committee Information			
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Addi	ress, City, State, & Zip	
	Connected Organization's Name (If any)	Connected Organization's Malling Address, 0	City, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on	back) No	
õ.	Official Bank Account Information (required by all committees)	res (refer to instructions on	Dack) La No	
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5.	Candidate Supported or Opposed (candidate committees must	include self. if candidate)		
		/)	/ \	
	Name & Malling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)		
	STL Votes!	TBD; City of St. Louis	Support	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
١.	Signature(s) Check certification(s) & sign (required by all comm	ittees)		
	I affirm and attest under penalty of perjury that information and			
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			
MUNICALITY				
	Committee Treasurer	Candidate (Candidate Committees Only)		

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax fillings are nomission